## 

FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

	For Official Use Only
ļ	Col College Colly
ŀ	Constant I
	PRE \
	( NETBATE )
_	MP/Opp_]
E	\ " a \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	0, 0,00
	<u> </u>

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From  12 31 200  20 01 200 Through 100 200  3 Name and address of person filling  14 Name file number and address of labor organization  15 Name In the second File Number of State 100 100  16 Name In the second File Number of State 100 100  17 Street 10141 FERH AVE  18 Street 10141 FERH AVE  19 State 10 10 10 10 10 10 10 10 10 10 10 10 10						
A Name and address of person filing  Name TIBSLIF A BLANCHARD  Name THIS LUCK SOY  Lebor Organization File Number 043831  PO Box Bidg Room No if any  Street 10141 FERH AVIL  City STANTOH  Street WAND 2IP Code +4 20050  State PH 2IP Code +4 4 20050  State PH 2IP Code +4 4 20050  State PH 2IP Code +4 4 20050  A Heid an interest in engaged in transactions (including loans) with or derived income or other economic benefit of mondatry value from an employer whose employees your organization represents of is actively seeking to represent  Name This state I and service of the seconomic benefit of mondatry value from an employer whose employees your organization represents of is actively seeking to represent  To Amount.  Street City State I and address of Employer (including trade name if any)  Name This state of interest in engaged in transactions (including loans) with or derived income or other economic benefit of mondatry value from an employer whose employees your organization represents of is actively seeking to represent  To Amount.  Street City State I and verification The undersigned declares under penalty of Partyn-Shoftens penalties of the law that all of the information submitted in this report (including the information contained in environmently in as been explicible penalties of the law that all of the information submitted in this report (including the information contained in environmently in as been supplicable penalties of the law that all of the information submitted in this report (including the information companying documents) has been supplicable penalties of the law that all of the information submitted in the supplicable penalties of the law that all of the information penalties in the instructions)  Signed AMAMAMA On States of the States of the supplicable penalties of the law that all of the information penalties in the instructions of the supplicable penalties of the law that all of the information penalties in the instructions of the supplicable penalties of the law that all of the informa	1 File Number U 997	12 31 2004				
Lebor Organization File Number [24382]  PO Box Bidg Room No if any  Street [10141 FERM AVIL  City Standform  State Lot State L	3 Name and address of person filing					
Labor Organization File Number   04383   P O Box Bidg Room No if any   P O Box Building and Room Number if any   Street   10141   FERH AVIL City   State   City   AMH HE IT   State   Tale Nature of Indirectly and any of the following interests (except as specified in the exclusions set forth in the instructions)  **To Amount**  **To Amount**  **Signature and verification The undersigned declares under penalty of Parjun/Amod ther application or income  **Signature   To Amount**  **Signature and verification The undersigned declares under penalty of Parjun/Amod ther application or penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatury and is to the best of the undersigned sknowledge, and belief true correct, and complete (See the section on penalties in the instructions)  **Signed MAMM**  **To Amount**  **Signature and verification The undersigned declares under penalty of Parjun/Amod ther application of the law that all of the information submitted in the report (including the information contained in any accompanying documents) has been examined by the signatury and is to the best of the undersigned sknowledge, and belief true correct.	Name / 1841 15 A R AUCHUDA	Name Tultou Land SOU				
Street   IDI41 FERH AVIL   Street   LOT   SOFTBALCHESTER    City   SFANTOK   State   CN   State   LOT   SOFTBALCHESTER    City   AMAHRIM    State   CN   SIP Code +4   QULYO   State   LN   ZIP Code +4   QULYO    Footition in labor organization   Sustinus   Rep    Enter appropriate data below if during the past facet year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employee whose employees your organization represents or its exclusion set forth in the instructions)  7 a Nature of interest, Transaction or income  7 a Nature of interest, Transaction or income  7 b Amount.  Street   Signature   Transaction or income  14 Signature   Transaction or income  15 Signature   Transaction or income  16 Signature   Transaction or income  17 b Amount.  Signature   Transaction or income  18 Signature   Transaction or income  19 Amount   Transaction or income  19 Amount   Transaction or income  19 Amount   Transaction or income	L. Jane Joenstonen					
Street   10/41   FERH AVIL.   Street   C71   SOMBLICHESTEX.    City   STANTON   State   CM   ZIP Code +4   200   State   CM   ZIP Code +4   22802    5  Position in labor organization   Susines   Rep.    Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other commic benefit of monoretary value from an employer whose employees your organization represents or is actively seeking to represent  6  Name and address of Employer (including trade name if any)   7 a Nature of interest, Transaction or income  Trade Name if any   7 b Amount.  Street   City   The Amount   The Amo		Labor Organization File Number 1043021				
City Stanton  State CM	PO Box Bldg Room No If any	PO Box Building and Room Number if any				
State CN	Street 10141 FERH AVIL	Street 671 SOMANCHESTER				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box, Bldg Room No if any  Street  City  State  ZIP Code + 4  Signature  Signature and verification. The undersigned declares under penalty of Perjury And other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned sknowledge, and belief true correct, and complete (See the section on penalties in the instructions)  On X-12-05  7 14 7745-70-44	City Stanton	City AMAHRIM				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  PO Box, Bidg Room No if any  Street  City  State  ZIP Code + 4  Signature  Signature  Signature  Signature and verification. The undersigned declares under penalty of Perjun/Endo/biter applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned & knowledge and belief true correct, and complete (See the section on penalties in the instructions)  On 3147745004	State CH ZIP Code + 4 QOU YO	State 64. ZIP Code + 4 92802				
A. Held an interest mengaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  PO Box. Slidg Room No if any  To Amount.  Street  City  State  ZIP Code + 4  Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)	5 Position in labor organization Susimus REP.					
Name  Trade Name if any  PO Box, Bldg Room No if any  7 b Amount.  Street  City  State  Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed  On 812-05	(except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of					
Trade Name if any  PO Box, Bldg Room No if any  To Amount.  Street  City  State  Signature Authority of Perjuny and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed  On 8-12-05  7/4774.5004.		7 a Nature of Interest, Transaction or Income				
P O Box, Bidg Room No if any  7 b Amount.  Street  City  State  Signature  Signature and verification The undersigned declares under penalty of Perjuny and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned is knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed  On 8-12-05  7/47745-00-4.	Name					
State ZIP Code + 4  Signature  Signature  Signature and verification The undersigned declares under penalty of Perjunyand other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed  On 8-12-05 7147745004	Trade Name If any					
State ZIP Code + 4  Signature  Signature  Signature and verification The undersigned declares under penalty of Perjunyand other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed  On 8-12-05 7147745004	PO Box. Sidg. Room No. if any					
Signature  Signature  Signature  Signature  Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed  On 8-12-05  7147745004		7 b Amount.				
Signature  Signature  Signature  Signature  Signature  Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed  On 8-12-05	Street					
Signature  15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed  On 8-12-05	City	little in second liverage in a				
16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions.)  Signed  On 8-12-05	State ZIP Code + 4					
submitted in this report (Including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)  Signed  On 8-12-05	Sign	ature Hollhell				
/	submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the					
	Signed Authorities Signed					

Name of Person Filing	File Number U -3 _ '	<b>建</b>
		hand of a
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to or otherwise	
8 Name and address of Business (including trade name of any)	9 Business deals with	
Name 2		
Trade Name If any	a Labor Organization	
PO Box Bldg Room No If any	c Employer	
Street		
City State ZIP Code + 4		
Side L		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name BREEME BUSH ATTATLAW.	LOCALS ATTORNEYS -	
Trade Name if any	TEAL GOTTLINB ESQ.	
PO Box Bidg Room No If any	BASKBOLL TICKET   DOGBER GAME	1
Street 3500 West OLIVE AUE STElloo	11 b Approximate dollar value of such dealing #3000	
City BURBAUK	12 a Nature of interest held or income received	<u> </u>
State CAL ZIP Code + 4 9/509		1
	12 b Amount	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name	_ 5+	
Trade Name if any		
PO Box Bldg Room No If any		
Street		
City	,	
State ZIP Code + 4	1	-
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	